

~~COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C § 1983~~Name Lewis
(Last) Brian
(First)(Initial) G 07 AUG 31 PM 4:32
RICHARD H. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIAPrisoner Number CDC# C-78358Institutional Address P.O. Box 4670 CSP-LAC
D-2-230 Lancaster, Calif. 93539UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

E-filing |

C Brian G. Lewis

(Enter the full name of the plaintiff in this action)

C Case No. 07-4519
(To be provided by the clerk of court)

vs.

RMW

(PR)

COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C § 1983

(Enter the full name of the defendant(s) in this action)

All questions on this complaint form must be answered in order for your action to proceed.

I. Exhaustion of Administrative RemediesNote: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.A. Place of present confinement CSP- Los Angeles CountyB. Is there a grievance procedure in this institution?
YES NO C. Did you present the facts in your complaint for review through the grievance procedure? YES NO

D. If your lawyer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal THE Filing of 602 Appeals is
Furious DUE TO Repeated "Losses" in The "institutional mail"

2. First formal level N/A See no^{#1} 1

3. Second formal level N/A See no^{#1} 1

4. Third formal level N/A See no^{#1} 1

E. Is the last level to which you appealed the highest level of appeal available to you? YES () NO ()

F. If you did not present your claim for review through the grievance procedure, explain why N/A

II. Parties

Write your name and your present address. Do the same for additional plaintiffs, if any.

A. Brian G. Lewis CDC# C-78358

D-2-230 P.O. Box 4670

Lancaster, Calif. 93539

Write the full name of each defendant, his or her official position, and his or her place of employment.

B. Arnold Schwartzneggar Governor of the State of California AND JOHN Doe Defendants
One Thru 15 in their official capacity AS Employees
of the California Dept of Corrections.

STATEMENT OF CLAIM

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

See Attached pg 3A

Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

See ATTACHED Page 4A.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27 day of August, 2007

Brian D Lewis
(Plaintiff's signature)

(rev. 5/96)

**INFORMATION SHEET ON WAIVER
OF COURT FEES AND COSTS
(California Rules of Court, rule 985)**

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving financial assistance under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

— OR —

2. Your total gross monthly household income is equal to or less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 935.42
2	1,262.50
3	1,589.58
4	1,916.67
5	2,243.75

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,570.83
7	2,897.92
8	3,225.00
Each additional	327.08

— OR —

3. Your income is not enough to pay for the common necessities of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (Form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

TELEPHONE NO.

FAX NO.

E-MAIL ADDRESS (Optional)

ATTORNEY FOR Name:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME

PLAINTIFF, PETITIONER:

DEFENDANT, RESPONDENT:

CASE NUMBER:

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

1. The application was filed on (date): A previous order was issued on (date):
 2. The application was filed by (name):
 3. IT IS ORDERED that the application is granted in whole in part (complete item 4 below).
 - a. No payments. Payment of all the fees and costs listed in California Rules of Court, rule 985(i), is waived.
 - b. The applicant shall pay all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:

(1) <input type="checkbox"/> Filing papers.	(6) <input type="checkbox"/> Sheriff and marshal fees.
(2) <input type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c))
(4) <input type="checkbox"/> Transmittal of papers.	(9) <input type="checkbox"/> Other (specify code section): <input type="text"/>
(5) <input type="checkbox"/> Court-appointed interpreter.	

* Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
 - c. Method of payment. The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
 - (1) Pay (specify): percent. (2) Pay: \$ per month or more until the balance is paid.
 - d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. The applicant is ordered to appear in this court as follows for review of his or her financial status:

Date: <input type="text"/>	Time: <input type="text"/>	Dept.: <input type="text"/>	Div.: <input type="text"/>	Room: <input type="text"/>
----------------------------	----------------------------	-----------------------------	----------------------------	----------------------------
 - e. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
 - f. All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.
4. IT IS ORDERED that the application is denied in whole in part for the following reasons (see Cal. Rules of Court, rule 985):
 - a. Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
 - b. Other (Complete line 4b on page 2).
 - c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
 5. IT IS ORDERED that a hearing be held.
 - a. The substantial evidentiary conflict to be resolved by the hearing is (specify):
 - b. The applicant should appear in this court at the following hearing to help resolve the conflict:

Date: <input type="text"/>	Time: <input type="text"/>	Dept.: <input type="text"/>	Div.: <input type="text"/>	Room: <input type="text"/>
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 - c. The address of the court is (specify):
 - Same as above
 - d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: FISCAL OFFICER Clerk, by

Deputy

1 JOHN DOE # 1, in his Capacity of
2 Pleasant Valley SP DID Receive MEDICAL
3 Slip call For Emergency TREATMENT OF
4 A STAFF infection That this plaintiff
5 Suffered From & Numerous Requests Were
6 Routed VIA Institutional Mail, IGNORED
7 By STAFF MEDICAL STAFF, IN Their official
8 CAPACITY Under the Color of Authority Did
9 Willingly, AND KNOWINGLY, WITH UN DUE
10 DISREGARD Left this plaintiff For APPROX-
11 IMATELY ONE Calander Month with
12 A Verified STAFF infection, SO IT DID cause
13 Life Threatening Situation.

14 Further More, This plaintiff became
15 Infected in Numerous parts of his Body
16 Due to the intentional Negligence, Malice
17 AND Forethought, Refused to MEDICALLY
18 TREAT This plaintiff, For The Duration of
19 Approximately One Calender Month, JOHN
20 Doe number 2 IN HIS official Capacity at
21 pleasant Valley State prison AS CHIEF MEDICAL
22 OFFICER, Also Did Willingly, KNOWINGLY
23 WITH total UN DUE DISREGARD, DID ALSO
24 ignor This plaintiff's pleaS AND Request
25 were Also left A STAFF infection to progress
26 For The Duration of One Month.

27 ENO.

28

29

30

31

Prayer for Relief.

1 A. This plaintiff Demands A Trial By Jury -
2 B. This Plaintiff Request the Court to investigate
3 These Damages that He Suffered By the hands
4 of CSP Employees. @ Pleasant Valley Correctional Facility
5 C. This plaintiff is Seeking Monetary Damages
6 OF \$45,000.00, FortyFive Thousand Dollars
7 For The Entire Month he was left without any
8 proper Care.

9 This Plaintiff is Seeking punitive Damages,
10 For these State Employees Wrecklessly Employed
11 Intentionally with malice AND Forthought, Did
12 Commit the acts, or inaction against A Federal
13 Court order to treat Seriously ILL State
14 prisoners in lieu of \$6,000,000.00 Six Million
15 Dollars, Further More this plaintiff Ask The
16 Court, to hold these individuals IN Contempt of
17 Court orders, to charge the CDC MENICA
18 Department OF \$10,000.00 Ten Thousand Dollars
19 per Day For Each Day of The said totals IN the
20 AMOUNT OF \$ 10,000.00 Pr Day totalling \$300,000.⁰⁰
21 totalling \$ 6,345,000.00 Six Million Dollars
22 Three hundred and Fourty Five thousand Dollars.

23 Finally this plaintiff Request the Court to
24 ISSUE A T.R.O. Temporary Restraining order Against
25 ANY further Abuses, in the Constitution Amendments
26 one, Four, Eight and Fourteenth Amendments
27 This plaintiff Asks the Court to Appoint Counsel
28 This plaintiff Asks the Court to Appoint an investigator
29 to this Case.

30 END...

NAME and NUMBER: Lewis Brian

C78358

D2-230L Pg 5 A

CDC-128-B

DESCRIPTION:

I hereby acknowledge receipt of a certified six (6) month trust account printout.



Inmate Signature



Counselor Signature

Original: Central File

cc: Inmate
Trust Office

Date: 08-21-07

CSP-LAC

GENERAL CHRONO

ACKNOWLEDGEMENT OF MAILING

I (A) BRIAN G Lewis, am a resident of California State Prison-Los Angeles County (LAC) at Lancaster, County of Los Angeles, California, and I am at least 18 years of age. My mailing address is California State Prison-Los Angeles County, Facility D, Bldg. 2, Bed 230 P. O. Box 4670, Lancaster, California 93539.

On (B) August 26th, 2007, I mailed a true and correct copy of the following document(s); (**YOU DO NOT HAVE TO GO INTO DETAIL ABOUT THE DOCUMENTS**)

U.S.C. TITLE 42, section 1983

On each party listed below by placing it in an envelope, with adequate postage or provided, and by depositing said envelope in a box for the United States Mail at LAC, 44750 60th Street West Lancaster, California 93536.

This copy is being mailed to (D): NORTHERN DISTRICT FEDERAL COURT

I have mailed additional copies to (D):

There is regular delivery service by the United States Mail between the above place of mailing and the parties listed.

I declare, under penalty of perjury, that the foregoing is true and correct.

Dated (E): August 26th, 2007 at Lancaster, California 93536.

Signed: Brian G Lewis, CDC#: C#78358

Revised January 19, 2005

LAC MAILROOM ACKNOWLEDGEMENT OF MAILING

DATED: _____

SIGNED: _____